



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Anniscliff House
Establishment ID No:	1340
Date of Inspection	18 June 2014
Inspectors' Names:	Bronagh Duggan and Lynn Long
Inspection No:	17291

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Anniscliff House
Address:	141 Moneysharvin Road Maghera BT46 5HZ
Telephone Number:	028 796 42729
E mail Address:	bernie@magherafencing.co.uk
Registered Organisation/ Registered Provider:	Mrs J Davies Mrs B McGilligan
Registered Manager:	Mrs B McGilligan
Person in Charge of the home at the time of Inspection:	Ms C Quigg
Categories of Care:	I ,MP ,MP(E), DE, LD (E)
Number of Registered Places:	17
Number of Residents Accommodated on Day of Inspection:	15
Scale of Charges (per week):	£450 per week
Date and type of previous inspection:	3 December 2013 Primary announced inspection
Date and time of inspection:	18 June 2014 10:25am-5:25pm
Name of Inspectors:	Bronagh Duggan and Lynn Long

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Ms C Quigg
- Discussion with Mrs O'Kane
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

5.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 – Health and Social Care

However, on the day of the inspection a number of serious issues in relation to the health and welfare of residents were identified which resulted in the focus of the inspection changing to address the issues as they arose.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 PROFILE OF SERVICE

Anniscliff House is situated a few miles outside Maghera. The home is located within the Northern Health and Social Care Trust's geographical area. It is in a rural setting and is surrounded by mature, well maintained gardens.

The home provides accommodation for 17 persons. There are five single bedrooms on the ground floor, two single and five double bedrooms on the first floor. Facilities in the home also include a communal lounge and dining area and sitting rooms (one of which is also used as a visitors' room). There are bathing and sanitary facilities, a kitchen and offices. The home maintains a strong spiritual ethos.

The home is registered to provide care under the following categories:

- RC - I Old age not falling into any other category
- RC - MP Mental disorder excluding learning disability or dementia (For not more than one person)
- RC - MP (E) Mental disorder excluding learning disability or dementia - over 65 years
- RC - (DE) Dementia (For six identified individuals only)
- RC - LD (E) Learning Disability - over 65 years (For one identified individual only)

A chapel is situated in a separate building on the same site but is not part of the registered home.

There are ample car parking facilities to the side and rear of the home.

7.0 SUMMARY OF INSPECTION

This secondary unannounced care inspection of Anniscliff House was undertaken by Bronagh Duggan and Lynn Long on 18 June 2014 between the hours of 10:25am and 5.25pm. Mrs Rosemary O' Kane, who identified herself as the owner of the home was available during the inspection and for verbal feedback at the conclusion of the inspection. Ms Quigg, senior care assistant was also available during the inspection.

One requirement and eight recommendations were made as a result of the previous inspection, these were also examined. There was evidence that the previous requirement had been addressed. However, a further recommendation in relation to the patient guide was made. Four recommendations were addressed and compliance fully achieved. Two of the recommendations made relating to infection control measures and review of the homes policy and procedure on the protection of vulnerable adults identified that the home was moving towards compliance. One has been stated for the second time. The issues identified in relation to infection prevention and control have been incorporated into a requirement. One recommendation relating to the use of non-specific terms in care records has also been stated for the second time. A further recommendation relating to the management of a complaint was stated for the second time as the information required by inspectors to validate this could not be located during the course of the inspection.

The detail of the actions taken by Mrs McGilligan registered provider/manager can be viewed in the section following this summary.

At the outset of this inspection the focus was to review the homes compliance with Standard 9 of the Residential Care Homes Minimum Standard. This standard focuses on Health and Social Care. However, on the day of the inspection a number of serious issues in relation to the health and welfare of residents were identified which resulted in the focus of the inspection changing to address the issues as they arose. Some aspects of the health and social care standard were reviewed however the main focus of the inspection was driven by the day's findings.

The inspectors met with residents, staff, and visiting professionals and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspectors observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents a number indicated that that they were happy and content with their life in the home, with the facilities and services provided and with their relationship with staff.

During discussion with a resident they made a disclosure of a safeguarding nature to one inspector. The disclosure related to the care they received at Anniscliff House. This disclosure was brought to the attention of Mrs O' Kane during feedback. Mrs O'Kane confirmed that this resident had previously made this allegation about their care. Mrs O'Kane also confirmed that the issue had not been reported to the safeguarding team at the commissioning trust. The need to ensure this information is forwarded on to the commissioning trust for further investigation in line with best practice was discussed with Mrs O' Kane. RQIA shared the detail of the disclosure with the safeguarding team at the commissioning trust the day following the inspection. The reporting of safeguarding issues was discussed with Mrs O' Kane and a requirement has been made.

During a walk around the home Mrs O' Kane informed the inspector that a resident of Anniscliff House lived with her and her husband in the private section of the building which adjoins Anniscliff House. Mrs O' Kane confirmed that she attends to the residents care needs. During discussion with staff and with visiting professionals who provide care to the resident it transpired that the resident has been accommodated in the private residence section of the home for a significant period of time. The private residence section of Anniscliff House is not registered with RQIA as a residential care home. The resident was being cared for in an unregistered section of the building. The seriousness of this breach of regulation was discussed with Mrs O'Kane and a requirement has been made to address this issue as a matter of urgency.

It was identified that a resident has been assessed by the commissioning trust as requiring nursing care. Anniscliff House is not registered to provide nursing care. This falls outside of the homes registered categories of care. A requirement has been made to ensure that the home only accommodates residents within the categories of care for which they are registered to provide.

Two controlled medications were observed in the medicine cabinet as not being stored in line with best practice for the storage of controlled drugs. A requirement has been made that all staff handling medications in the home are aware of the medications being handled and are storing them appropriately.

Inspectors observed staff members on two separate occasions wearing personal protective equipment (PPE) in the main living area of the home. Both staff members had recently been assisting residents with personal care and had not removed their PPE following this. This together with other issues in relation to infection prevention and control were discussed with Mrs O'Kane during feedback and a requirement has now been made.

In relation to meals and mealtimes a requirement has been made to ensure that records of food provided to residents are recorded in detail to include any deviations from the set menu and the reasons for these deviations.

A number of fire doors were observed as being wedged/ propped open during the day and the homes fire safety risk assessment required to be reviewed and updated. These issues were discussed with Mrs O'Kane during feedback and two requirements have been made to address them.

As a result of the serious issues which were identified during the inspection on 18 June 2014 the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mrs McGilligan was invited to attend a meeting at RQIA on 24 June 2014. The issues identified during the inspection on 18 June 2014 were shared with Mrs McGilligan and Mrs O'Kane who gave assurances to RQIA that arrangements were being put in place to address the identified issues as a matter of urgency.

Recommendations made as a result of the inspection include making good a raised area of carpet in a residents bedroom, addressing an issue in relation to a door closing device and ensuring there is a system in place to monitor the frequency of resident's health and social care appointments.

Eight requirements and six recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank Mrs O' Kane, residents, visiting professionals, and staff for their assistance and co-operation throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	4 (1) (3)	<p>Resident's Guide</p> <p>(1)The registered person shall produce a written guide to the residential care home which shall include -</p> <p>(b) the terms and conditions in respect of accommodation to be provided for resident's, including as to the amount and method of payment of fees</p>	<p>A copy of the residents guide was provided to the inspector prior to inspection.</p> <p>It outlined the terms and conditions relating to the accommodation provided.</p> <p>However, the amount and payment of fees section in the guide had not been completed.</p> <p>This requirement has been addressed.</p> <p>A recommendation has been made to complete the blank amount and payment of fees section of the residents guide.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13	The home should review the identified residents' request to go outside into the gardens more often and ensure that their care plan reflects this. (The additional areas examined refers)	Discussion with the person in charge and review of the identified individuals care plan confirmed that the residents request to go out to the gardens more often has been reviewed and addressed and that their care plan reflects this arrangement. This recommendation has been addressed.	Compliant
2	8	The registered manager should ensure that care records are reviewed and that non-specific terms referred to in the report are described so that the reader fully understands what is meant.	Review of a sample of the care records identified that non-specific terms were still evident in care records examined on the day of inspection. This recommendation has not been addressed and has been stated for the second time.	Not Compliant
3	35	The registered manager should ensure that; (1) the identified urinary bottles and other toiletries items on open display in bathrooms are removed and stored in an enclosed cupboard	Urinary bottles were observed to be stored satisfactorily, however a number of toiletries were found to be sitting on display in the bathrooms.	Moving towards compliance

		<p>(2) Replace material cushions used in baths / showers with appropriate alternatives to ensure effective sterilisation and infection control, after every use</p> <p>(3) Review the hand-wash dispensers, to ensure ease of use for residents and that they are kept filled.</p>	<p>Material cushions have been removed from the bathrooms.</p> <p>Alternative hand wash dispensers were observed in the home on the day of inspection.</p> <p>This recommendation has been partially addressed however on the day of inspection additional infection prevention and control issues were identified. These include a used sponge, bathroom mat, and toiletries sitting around in bathrooms. As a result of the issues identified during the inspection a requirement was made to address the infection control issues identified.</p>	
4	16.1	<p>The home should review, as detailed in the report;</p> <p>(1) The Policy and Procedure regarding responding to allegations, suspicions or incidents of abuse of Vulnerable Adults</p> <p>(2) The whistle-blowing policy and procedure</p>	<p>The updated policy and procedure was provided to RQIA in advance of the inspection and included some of the changes as recommended.</p> <p>Some further work is needed in relation to outlining what the procedure is for dealing with resident to resident incidents.</p>	Moving towards compliance

		Staff should be provided with an update in regard to these, once reviewed.	<p>The whistleblowing policy and procedure was reviewed and found to be satisfactory.</p> <p>This recommendation has been partially addressed and the relevant section has been stated for the second time.</p>	
5	19.1	The home should review the Recruitment Policy and Procedure Regarding the Recruitment of Staff to comply with legislative requirements and DHSSPS guidance.	<p>A copy of the updated policy and procedure regarding the recruitment of staff was made available to the inspector. This was found to be satisfactory.</p> <p>This recommendation has been addressed.</p>	Compliant
6	19.6	The home should review other methods to involve residents, or where appropriate their representatives, are in the recruitment process where possible.	<p>Stated in the homes policy and procedure on recruitment of staff residents are involved in the recruitment process by meeting potential candidates at the home and are also facilitated to put questions forward to be used at interview.</p> <p>This recommendation has been addressed.</p>	Compliant
7	17	The registered manager should report the complaint made by a resident in September 2013 to the aligned care manager.	<p>This information could not be located during the inspection by the person in charge or Mrs O’Kane.</p> <p>This recommendation could not be reviewed and has been stated for the second time.</p>	Not reviewed

8	27	<p>The registered manager should ensure that:</p> <ul style="list-style-type: none"> (1) Fire safety check records state which fire alarm point is tested each week (2) Residents Peeps are completed 	<p>Fire safety check records identified that different fire alarm points were being tested</p> <p>Resident's Personal Emergency Evacuation Plans (PEEPS) could not be located during the inspection.</p> <p>The inspectors requested that this information be forwarded to RQIA within one week.</p> <p>Completed PEEPS were subsequently provided within the specified time period.</p> <p>This recommendation has been addressed.</p>	Compliant
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9.0 Inspection Findings

9.1 Health and Social Care

Three care records reviewed during the inspection included information regarding health and social care appointments / screenings attended by the residents. Care records were up to date although it was noted that these included non-specific terms commenting on resident's day to day care. This issue had been raised during the previous inspection and a recommendation had been made. As a result of the issues identified during this inspection this recommendation has been stated for the second time.

The inspector spoke with two members of staff who showed a good knowledge of the needs of residents. Staff demonstrated knowledge about different conditions residents present with and have received training in specific procedures to meet residents identified needs. There was evidence of health care professionals visiting residents in the home in response to residents changing needs.

Although there was evidence of residents attending health and social care appointments there was no clear system in place which highlights when residents are due screening tests. Mrs O'Kane informed inspectors that the provider of podiatry services contacts the home when residents' reviews are due. A recommendation has been made that a system is introduced to ensure that health screening tests are carried out on a regular basis.

9.2 Resident accommodation

During a walk around the home one inspector met Mrs O' Kane who introduced herself as the home owner. Mrs O' Kane informed the inspector that she lived on the premises and identified that the residential home and private residence constitute one building which is separated by a key padded door on the ground floor and a short corridor on the first floor. There is a sign on a door on the first floor at the end of the corridor which reads No Admittance. This door leads into the private residence. Mrs O' Kane invited the inspector into the private residence and took the inspector on a guided walk around this section of the building. During this walk around Mrs O' Kane informed the inspector that a resident of Anniscliff House lived with her and her husband in the private section of the building. Mrs O' Kane informed the inspector that she attended to all the residents necessary care needs. During discussion with staff and with visiting professionals who provide care to the resident it transpired that the resident has been accommodated in the private residence section of the home for a significant period of time. The private residence section of Anniscliff House is not registered with RQIA as a residential care home. The resident was being cared for in an unregistered section of the building. The seriousness of this breach of regulation was discussed with Mrs O' Kane. The issue was also escalated to the relevant personnel within the commissioning trust who confirmed that they were unaware that the private residence was not registered with RQIA and agreed to immediately review the care provision for the identified resident.

A requirement has been made to ensure residents are only accommodated in the registered part of the building.

9.3 Categories of Care

A resident was observed requiring a high degree of care. Two members of staff were engaged in personal care of the resident on a number of occasions. Examination of the residents care plan identified that they had been assessed as requiring nursing care and this was confirmed during discussion with the relevant personnel from the commissioning Trust towards the conclusion of the inspection. Anniscliff House is not registered to provide nursing care this falls outside of the homes registered categories of care. The seriousness of this breach of regulation was discussed with Mrs O' Kane. This issue was also escalated to the relevant personnel within the commissioning trust who agreed to immediately review the care provision for the identified resident.

A requirement has been made to ensure that the home only accommodates residents within the categories of care for which they are registered to provide. Any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning Trust.

9.4 Residents' consultation

The inspectors met with a number of residents individually and with others in groups. The majority of residents were observed relaxing in the communal lounge area one resident was resting in their bedroom. A number of residents spoken with stated that they were happy living in the home and found the staff helpful.

During discussion with residents one resident made a disclosure of a safeguarding nature to an inspector. The disclosure related to an aspect of their care received at Anniscliff House. The general nature of this information was shared with Mrs O'Kane during feedback without identifying the resident who had made the disclosure. Mrs O'Kane was able to identify the resident who had made the disclosure and informed the inspectors that the resident would often make this same disclosure. Mrs O'Kane confirmed that this issue had not been reported to the safeguarding team at the commissioning Trust for further investigation in line with best practice. The need for the home to take seriously any disclosure/allegation from residents in relation to the care they receive and the necessity to ensure that best practice guidance in relation to the protection of vulnerable adults was discussed with Mrs O'Kane. RQIA shared the detail of the disclosure with the safeguarding team at the commissioning trust the day following the inspection. The reporting of safeguarding issues was discussed with Mrs O'Kane and a requirement has been made that the home follows the correct procedure for reporting all incidents of alleged, suspected or actual abuse to the relevant bodies.

The inspector informed the owner that due to the nature of the information that was shared by the resident this would have to be forwarded on to the Trust safeguarding team for further investigation.

A requirement has been made.

9.5 Medicines Management

A review of one resident's medicine kardex identified that they had recently commenced new medications following discharge from hospital. One of the medications was identified as a controlled drug. Staff were not clear if the other medication was also a controlled drug. It was

suggested to staff to contact the community pharmacy to establish which medications were controlled drugs.

Prior to the conclusion of the inspection it was confirmed which medications were controlled drugs and that they were now being stored appropriately. This was discussed with Mrs O' Kane and a requirement has been made to ensure that all staff handling medications in the home are aware of the medications being handled and are storing them appropriately.

9.6 Visiting professionals' consultation

Two professionals who were visiting the home met with the inspectors and readily shared their experiences of delivering care to residents in Anniscliff House. Both professionals confirmed that they found staff in the home to be attentive to the needs of residents noting that residents who require special medical procedures have these needs met by staff who have been appropriately trained.

9.7 Environment

The inspectors viewed the home and inspected a number of residents' bedrooms and communal areas. The main areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be somewhat dated though fit for purpose.

Carpet was found to be raised in the centre of the floor in one identified bedroom and was identified as a hazard which requires to be addressed as a matter of urgency. Also the closing mechanism on the door leading to the living/sitting area needs to be adjusted as the door was continually slamming shut throughout the inspection.

9.8 Infection Control

Inspectors observed staff members on two separate occasions wearing personal protective equipment (PPE) in the main living area of the home. Both staff members had recently been assisting residents with personal care and had not removed their PPE following this. In order to reduce the risk of spread of infection staff must dispose of their PPE at the point of use.

A number of items including toiletries, a sponge and a used bathroom floor mat were observed in bathrooms throughout the home. The need for these items to be removed for infection control purposes was discussed with staff and with Mrs O' Kane during feedback.

A recommendation pertaining to similar infection control issues had been made during the previous inspection. It was identified that some progress in this area had been made with the removal and storage of some specifically identified items. However, given the issues identified during this inspection a requirement has been made to ensure that infection control procedures are adhered to at all times in line with best practice to minimise the risk of spread of infection.

9.9 Meals and mealtimes

On arrival at the home it was identified that the menu board on display for residents had not been updated in two days. The menu board was updated later that morning. It identified that the choices for today's meal were chicken and ham pie and chicken. The four weekly menu

plan was reviewed and discussed with the chef. The chef confirmed that he was following week two of a four week plan. A review of the menu plan identified that it had been reviewed in March 2014. The menu plan identified that sausages and mince steak were the choices for today. This was discussed with the chef who informed the inspector that he had deviated from the planned menu today as he had made Irish Stew the previous day and therefore did not wish to make a meat based dish today. A review of the menu identified that the chef had deviated from the planned menu as the choices for the previous day did not include Irish Stew. It was also observed that the chef had deviated from the vegetables choices and the choices of dessert on the day of the inspection. It was confirmed during discussion that records of deviations from the set menu are not retained. Through discussion with the chef and a review of information which was available it was also not clear to inspectors that residents were being offered a choice at mealtimes.

This issue was discussed with the chef and with Mrs O' Kane and a requirement has been made to ensure that records of food provided to residents are recorded in detail and include any deviations from the set menu and the reasons for these deviations.

9.10 Fire Safety

Whilst walking around both the registered and unregistered areas of the home inspectors observed a number of fire doors which were wedged /propped open. This issue was discussed with Mrs O' Kane who was informed that the practice of wedging/propping open fire doors should cease with immediate effect. Also the homes fire safety risk assessment was overdue for renewal. The need to ensure fire safety is maintained at all times was discussed with Mrs O' Kane.

Two requirements have been made in relation to these identified issues.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rosemary O'Kane, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Secondary Unannounced Care Inspection

Anniscliff House

18 June 2014

REGULATION AND QUALITY

05 AUG 2014

IMPROVEMENT AUTHORITY

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Rosemary O' Kane either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 27.1	The registered manager must ensure that residents are only accommodated in the registered part of the building. Ref: 9.2	One	All residents are only accommodated within the registered part of the building.	25 June 2014
2.	Regulation 15.1 (e)	The registered manager must ensure the home only accommodates residents within the categories of care for which the home is registered. Any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning Trust. Ref: 9.3	One	A meeting was held on the 25/6/14 regarding the suitability of one residents placement, their social worker, and next-of-kin were in attendance along with the registered manager.	13 August 2014
3.	Regulation 13.4 (a)	The registered manager must ensure that all medicines in the home are stored appropriately. This specifically relates to the controlled medications which were not being stored in accordance with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 relating to the storage of any controlled drugs. Ref: 9.5	One	The registered manager has been in consultation with the Pharmacist regarding the appropriate storage of all medicines held within the home. This was further reviewed on the 2/7/14. Drugs are all stored appropriately.	From the day of inspection.

4.	Regulation 14.4	The registered manager must ensure that measures are in place to prevent residents being harmed or being placed at risk of harm or abuse. This includes forwarding all information and allegations of a safeguarding nature to the appropriate bodies in line with the homes policy and procedure relating to the protection of vulnerable adults. Ref: 9.4	One	The manager has forwarded all information + allegations of a safeguarding nature to the appropriate bodies in line with the homes policy + procedure relating to the protection of vulnerable adults	From the day of inspection.
5.	Regulation 27 (4) (a)	The registered manager must ensure that the Fire Safety Risk Assessment is current and up to date. Ref: 9.10	One	The registered manager can ensure that a Fire Safety Risk Assessment has been carried out on 11/7/14.	30 July 2014
6.	Regulation 27 (4) (d) (i)	The registered manager must ensure that fire doors are not being wedged / propped open. Ref: 9.10	One	All staff informed the fire doors are not to be wedged / propped open.	From the day of inspection.
7.	Regulation 19 (2) Schedule 4.13	The registered manager must ensure that records of food provided to residents are recorded in detail to include any deviations from the set menu and the reasons for these deviations. Ref: 9.9	One	The registered manager has consulted with kitchen staff to ensure records of residents meals are recorded accurately and to include any deviations from the	6 August 2014

Set menu and the reasons for these deviations

8.	Regulation 13 (7)	<p>The registered manager must ensure that infection control procedures are followed within the home at all times to minimise the risk of infection.</p> <p>Ref: 9.8</p>	One	<p>The registered manager has consulted with all staff to ensure that infection control procedures are followed within the home at all times to minimise the risk of infection.</p>	6 August 2014
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8	Review care records to address the issue of non-specific terms. These terms should be described fully to ensure the reader understands what is meant. Ref:9.1	Two	The registered manager has reviewed care records + consulted with staff to ensure that the reader understands what has been written fully.	6 August 2014
2.	16.1	Review the policy and procedure regarding responding to allegations, suspicions or incidents of abuse of vulnerable adults –this relates to outlining what the procedure is for dealing with resident to resident incidents. Ref: 8:0	Two	Policy reviewed regarding responding to allegations, suspicions or incidents of abuse of vulnerable adults. Copy enclosed	6 August 2014
3.	27.8	The closing device on the door in the main sitting / living room needs to be repaired or replaced to address the issue of it slamming. Ref:9.7	One	The closing device on the door in main sitting room repaired by professional 28/7/14	6 August 2014

4.	27.8	The carpet in the identified bedroom needs to be repaired or replaced to address the raised area in the centre which is currently creating a trip hazard. Ref: 9.7	One	Carpet replaced.	6 August 2014
5.	9.5	A clear system should be in place which monitors the frequency and due dates of resident's health screening, dental, optometry and other appointments. Ref:9.1	One	A system in place to monitor the frequency + due dates of residents health screenings, dental + other appointments	27 August 2014
6.	4.2	Complete the blank amount and payment of fees section of the resident's guide which can be viewed as a typical example. Ref: 8:0	One	Residents guide fee section has now been filled in, and can be viewed as a typical example (copy enclosed)	6 August 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Bernadette Mcgilligan</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Bernadette Mcgilligan</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	BERNARD DUGGAN	22/8/14
Further information requested from provider			